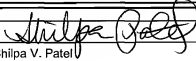


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<b>Complete if known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/522,644-Conf. #7488
		Filing Date	February 28, 2005
		First Named Inventor	Kunihiro Ohta
		Examiner Name	M. G. Leavitt
		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	04393/0202300-US0

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account                    Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
							<b>Small Entity</b>	
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>					<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							210	
Multiple dependent claims							370	
							185	
							<b>Multiple Dependent Claims</b>	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					<u>Fee (\$)</u>
							<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					<u>Fee (\$)</u>
							<u>Fee Paid (\$)</u>	
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
							(round up to a whole number) x _____ = _____	
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)							<u>Fees Paid (\$)</u>	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	57,983
Name (Print/Type)	Shilpa V. Patel	Telephone	(212) 527-7700
		Date	May 5, 2008